02161DAL 1181498

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

•	
OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden
hours per respo	nse 16.00

SEC USE ONLY								
Prefix	Serial							
DATE RECEIVED								
1	1							

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Proxity Digital Networks, Inc. Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
A DACIC IDENTIFICATION DATA	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	02051540
Proxity Digital Networks, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (504) 524-5424
1600 Canal St, Suite 1418, New Orleans, LA 70112	(504)524-5424
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PBOCESSED
Internet Services Company	
Type of Business Organization	/\ AUG 2 1 2002
	lease specify):
business trust limited partnership, to be formed	THOMSON
Month Year	FINANCIAL
Actual or Estimated Date of Incorporation or Organization: 06 95	
CN for Canada; FN for other foreign jurisdiction)	NV

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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Full Name (Last name first, if individual) William C. Robinson Business or Residence Address (Number and Street, City, State, Zip Code) 1600 Canal St., Suite 1418, New Orleans, LA 70112 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Full Name (Last name first, if individual) David Dugas Business or Residence Address (Number and Street, City, State, Zip Code) 1600 Canal St., Suite 1418, New Orleans, LA 70112 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Full Name (Last name first, if individual) Joseph A. Grace, Jr.		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% Each executive officer and director of corporate issuers and of corporate general and managing p Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ I Full Name (Last name first, if individual) William C. Robinson Business or Residence Address (Number and Street, City, State, Zip Code) 1600 Canal St., Suite 1418, New Orleans, LA 70112 Check Box(es) that Apply: □ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ I Full Name (Last name first, if individual) David Dugas Business or Residence Address (Number and Street, City, State, Zip Code) 1600 Canal St., Suite 1418, New Orleans, LA 70112 Check Box(es) that Apply: □ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ I Full Name (Last name first, if individual) Joseph A. Grace, Jr.	Director	General and/or Managing Partner General and/or
Each executive officer and director of corporate issuers and of corporate general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Iffull Name (Last name first, if individual) William C. Robinson Business or Residence Address (Number and Street, City, State, Zip Code) 1600 Canal St., Suite 1418, New Orleans, LA 70112 Check Box(es) that Apply: □ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Iffull Name (Last name first, if individual) David Dugas Business or Residence Address (Number and Street, City, State, Zip Code) 1600 Canal St., Suite 1418, New Orleans, LA 70112 Check Box(es) that Apply: □ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Iffull Name (Last name first, if individual) Joseph A. Grace, Jr.	Director	General and/or Managing Partner General and/or
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The control of the co	Director [
Full Name (Last name first, if individual) David Dugas Business or Residence Address (Number and Street, City, State, Zip Code) 1600 Canal St., Suite 1418, New Orleans, LA 70112 Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer X I Full Name (Last name first, if individual) Joseph A. Grace, Jr.	Director [
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Joseph A. Grace, Jr.	Director	General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code)		
1600 Canal St., Suite 1418, New Orleans, LA 70112		.*
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
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Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

				and the second	В. І	NFORMATI	ON ABOU	T OFFERI	NG .				
1.	Has the	issuer solo	i, or does th			ll, to non-ac				-		Yes	No XX
2.	What is	the minim	ium investm			pted from a		_				_{\$} 5,0	000
												Yes	No
3.						gle unit?							ХX
4.	commis If a pers or state	sion or sim son to be lis s, list the na	ilar remune sted is an ass ame of the b	ration for s ociated pe roker or de	olicitation rson or age aler. If m	who has been of purchase ent of a broke ore than five ion for that	rs in conne er or deale (5) persor	ction with r registered is to be list	sales of sec I with the S ed are asso	curities in tl SEC and/or	he offering. with a state		
	l Name (lone	Last name	first, if indi	vidual)									·
		Residence	Address (N	umber and	l Street, C	ity, State, Z	ip Code)						
Nar	ne of As	sociated Bi	roker or De	aler									
Stat	tes in Wi	nich Person	Listed Has	Solicited	or Intends	s to Solicit F	urchasers						
	(Check	"All States	s" or check	individual	States)							AI	l States
	AL	AK	AZ	AR	CA		CT	DE	DC	FL	GA	HI	(ID)
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH [TN]	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK]	OR WY	PA PR
	KI	[3C]	[30]	[<u> </u>		<u> </u>	VI	VA	W A	W V	WI	W I	[FK]
Ful	1 Name (Last name	first, if ind	vidual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Lip Code)		 	`			
Nar	ne of As	sociated Br	roker or De	aler									
Sta	tes in WI	nich Persor	Listed Has	Solicited	or Intend	s to Solicit F	urchasers						
	(Check	"All State:	s" or check	individual	States)							☐ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
								<u> </u>	<u> </u>			<u> </u>	
Ful	i Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, (City, State, Z	(ip Code)						
Nai	ne of As	sociated B	roker or De	aler						-7-4			
Sta	tes in WI	nich Persor	Listed Has	Solicited	or Intend	s to Solicit I	Purchasers						
	(Check	"All State:	s" or check	individual	States)	*******************	*************			••••		☐ Al	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Ш	ID
		IN	IA NV	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NII)	NJ TX	NM UT	NY VT	NC VA	ND WA	OII WV	OK WI	OR WY	PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, che this box and indicate in the columns below the amounts of the securities offered for exchange a already exchanged.	ck nd		
	Type of Security	Aggregate Offering Price	;	Amount Already Sold
	Debt	\$		\$
	Equity	\$		\$
	Common Preferred			
	Convertible Securities (including warrants)Notesconvertibletocommon	\$_325,000		\$_25,000_
	Partnership Interests	\$	_	\$
	Other (Specify)	\$		\$
	Total	\$_ 325-000		\$_25_000-
	Answer also in Appendix, Column 3, if filing under ULOE.	323,000		23,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ate		
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	3	_	_{\$} 325,000
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)	3	_	\$_325,000
	Answer also in Appendix, Column 4, if filing under ULOE.			-
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securit sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to t first sale of securities in this offering. Classify securities by type listed in Part C — Question 1	he		
		Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505		_	\$
	Regulation A		-	\$
	Rule 504		_	\$ 650,000 650,000
	Total			\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of a securities in this offering. Exclude amounts relating solely to organization expenses of the insur The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	er.		
	Transfer Agent's Fees	***************************************	X]	\$ <u>250</u>
	Printing and Engraving Costs			\$
	Legal Fees		K	\$10,000
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total		\Box	\$_ 10-250

	C. OFFERING PRICE, NUM	ABER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	4
	and total expenses furnished in response to Part C -	ering price given in response to Part C — Question 1 – Question 4.a. This difference is the "adjusted gross	3	\$3 14,750
5.	each of the purposes shown. If the amount for a	roceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross or C — Question 4.b above.		ŕ
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		<u> </u>	<u></u> \$0
	Purchase of real estate		□ <u>\$</u> _0	· _ \$ _ 0
	Purchase, rental or leasing and installation of mand equipment	achinery	s0	<u> </u>
		cilities		<u>\$</u> 0
	Acquisition of other businesses (including the volfering that may be used in exchange for the as issuer pursuant to a merger)	alue of securities involved in this sets or securities of another	□\$_0	:
	Repayment of indebtedness		X § 150,000	X \$25,000
	Working capital		 \$	X \$150,000
	Other (specify):		\$_0	\$_0
			\$ <u></u> 0	<u> </u>
	Column Totals		\$ <u></u> 150,000	\$ <u>175,000</u>
	Total Payments Listed (column totals added)		□ \$ <u>.32</u>	25,000
		D. FEDERAL SIGNATURE		
sig	ne issuer has duly caused this notice to be signed by the gnature constitutes an undertaking by the issuer to fe information furnished by the issuer to any non-ac	urnish to the U.S. Securities and Exchange Commi	ssion, upon writte	
ls:	suer (Print or Type)	Signature	Date	
PR	oxity Digital Networks, Inc.			
_	ame of Signer (Print or Type)	Title of Signer (Print or Type)		*
Wi	lliam Robinson	President		

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 proprovisions of such rule?		Yes No ∑
	See	Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required		which this notice is filed a notice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon writ	ten request, information furnished by the
4.	The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the sta of this exemption has the burden of establish	ate in which this notice is filed and understand	
	uer has read this notification and knows the conte thorized person.	nts to be true and has duly caused this notice to	be signed on its behalf by the undersigned
Issuer (Print or Type)	Signature	Date
Proxi	ity Digital Networks, Inc.		:
Name (Print or Type)	Title (Print or Type)	
Willi	lam Robinson	President	· · · · · · · · · · · · · · · · · · ·

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AI	PPENDIX				
1	Intend to non-a investor	2 I to sell accredited in StateItem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK	!								
AZ									
AR									
CA									
со		NO	Convertiblé Debt 325,000	7ab 3	325,000	0	0		X
СТ			,						
DE									
DC									
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ні									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
МЕ									
MD									
MA									
МІ	,				-				
MN									
MS	78.0				,				

				APP	ENDIX					
1	2 3 Type of security and aggregate offering price offered in state (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
МТ										
NE										
NV										
NH										
NJ										
NM										
NY										
NC										
ND										
ОН										
ОК										
OR										
PA										
RI										
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
WV										
WI										

				APP	ENDIX				1
1		2	3			4			lification
	to non-a investor	to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		(if yes, explant waiver	ate ULOE attach attion of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

	C. Offering Price, Number of Investors, Expenses and USE of I	RUCEDIS	
	b. Enter the diffusence between the aggregate offering price given in response to Part C — Question 1 and total expenses formished in response to Part C — Question 4.a. This difference is the "adjusced gross proceeds to the issuer."	i	\$14 ₄ 750
i.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer sat forth in response to Part C — Question 4.5 above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Selarics and fees	_s_o	O \$ 0
	Purchase of real estate	□s <u>00</u>	0 s
	Purchase, rental or leasing and installation of machinery		
	Construction or leasing of plant buildings and facilities		
	Acquisition of other hoxinesses (including the value of securities involved in this offering that may be used in exchange for the assess or securities of another issuer pursuant to a merger) Repayment of indebtedness		
	Working capital		_
	Other (specify):	s_0	0 0
		<u></u>	O \$. 0
	Colume Totals	<u>s 150,000</u>	Ds 175,000
	Total Payments Listed (column totals added)	_s32	5,000
	D. FEDERAL SIGNATURE	1	
igr	issuer has duly enused this notice to be signed by the undersigned duly authorized person. If this notice to the undersigned duly authorized person. If this notice that the constitutes an undertaking by the issuer to famish to the U.S. Socurities and Exchange Cummi information furnished by the issuer to any non-accredited investor pursuant to puragraph (b)(2) of	ssian, upon writte	te 505, the following requests of its sta
	cr (Friar or Type) xity Digital Networks, Tine.	Date / S/	02
	many and areas and a series	$ \cup$ \downarrow \cup /	_
_	ne of Signer (Print or Type) Tide of Signer (Print or Type)	•	

- attention -

Internional misatetaments or omissions of test constitute federal criminal violations. (See 18 U.S.C. 1001.)